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Summary of the mid-term reviews and major evaluations of country programmes**

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2001 and 2002.

Introduction

1. During this reporting period, mid-term reviews (MTRs) were conducted in Afghanistan and Pakistan. In addition, the present report contains a summary of two major evaluations: (a) the Dinajpur Safe Motherhood Initiative (DSI) for reducing maternal mortality in Bangladesh; and (b) the Government of Pakistan/UNICEF advocacy and social mobilization strategy. A number of other major evaluations, which were started in 2001, are expected to be completed only in 2002. These will be reported on in 2004.

* E/ICEF/2002/9.

** The report was delayed because of the Afghanistan emergency and its effects on the Pakistan country office, which led to the rescheduling of the Pakistan MTR.

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Country mid-term reviews

Afghanistan

2. The MTR of the Afghanistan programme of cooperation for 2000-2002 (E/ICEF/1999/P/L.28 and Corr.1) was conducted during 26-28 June 2001. Much has changed since then in Afghanistan, but the overall assessment is that the strategies and lessons learned remain valid, with the major change being the new, recognizable opportunities that have now opened up, particularly in the areas of girls' education, measles vaccination and child protection, and through which there are possibilities for enhanced collaboration with United Nations agencies and other partners.

3. The MTR was carried out in a participatory manner, involving UNICEF staff based in Afghanistan, Afghanistan country office staff in Islamabad, the Regional Office in Kathmandu and New York headquarters. There was a detailed assessment of the achievements and constraints of each programme. United Nations agencies and international non-governmental organization (NGO) partners working in Afghanistan were invited to the MTR and engaged in a half-day workshop to identify the progress of the collaboration and areas for improvement. Their input fed into the development of lessons learned and operational areas for the UNICEF programme of support to the country. In the aftermath of the events of September 2001, some of the constraints caused by the Taliban authorities have changed, while others have emerged. In particular, the immediate effect has been to make services for children more difficult to provide due to the security situation. Over time, however, this is expected to ease.

4. **The situation of children and women**. In June 2001, the office completed a detailed assessment of the situation of children in Afghanistan entitled "Lost Chances". This assessment noted that there were now many more Afghans who had known their country at war than those who had seen peace. With 10.3 million children under 18 years of age out of a total population of 21.4 million, the conflict will leave a long-term impact on both the mental and physical well-being of children.

5. Afghanistan has some of the worst social indicators in the world. Some 45 women die each day of pregnancy-related causes owing to a lack of appropriate medical care and indirect causes such as anaemia and malaria. One quarter of all children born alive die before the age of five years, many from perinatal causes, diarrhoea, pneumonia and vaccine-preventable diseases. Iron deficiency anaemia is widespread, affecting one half to two thirds of children under five years old, and as many as 30 per cent of children in some areas show signs of iodine deficiency. Large numbers of children are chronically malnourished, with 45-59 per cent showing high levels of stunting. Successfully controlled in the 1950s, malaria is now prevalent in 60 per cent of the country.

6. An estimated 400,000 Afghans have been killed or wounded by landmines, with 10 to 12 casualties each day in the late 1990s. One third of all casualties were children under 18 years old. Adolescents and children have been directly affected by the conflict, and their protection raises major concerns. Girls continued to be deprived of education during the Taliban regime, but prospects are much brighter now.

7. **Achievements and constraints**. Despite the challenges facing the country programme under the Taliban regime, much has been achieved in the two and a half years of the programme reported on here. Polio coverage has risen to more than 5 million children; in 2000, there were only 27 confirmed cases. The vitamin A capsule distribution campaign was also successfully piggy-backed on polio immunization, a strategy that will continue. Over 3 million doses of vitamin A were administered in the spring and autumn through National Immunization Days (NIDs).

8. As in other countries in the region, NIDs for polio have taken precedence over routine immunization, which has covered around 300,000 children under five years old on an annual basis. However, overall coverage was low at around 40 per cent at the time of the MTR, with some variations across different regions. More recent information suggests that it may stand at 59 per cent in the south-eastern region; 89 per cent for anti-tuberculosis vaccine in the eastern region; and 51 and 86 per cent, respectively, for combined diphtheria/pertussis/tetanus vaccine in the two regions. The story of immunization in Afghanistan is an example of what is possible despite difficult circumstances.

9. The Safe Motherhood Initiative has focused on emergency obstetric care in 4 out of 10 provinces, with 80 per cent of the hospitals and 50 per cent of the health centres upgraded/equipped to provide such care. The country programme objectives, therefore, have been revised downward to cover only four provinces during the remainder of the programme cycle.

10. Nearly 420,000 people have been served with 1,200 tube-wells, and an additional 1 million people in internally displaced person (IDP) camps and drought-affected villages have been served with 1,500 wells. Around 200 village mechanics have been trained to maintain handpumps. In addition, the construction of latrines has been promoted through demonstration and the training of local masons. This has provided access to around 37,000 people and an additional 80,000 in IDP camps and drought-affected villages. Hygiene education has accompanied water and sanitation interventions. There continues to be a strong demand and need for water and sanitation support. Greater attention will be placed on hygiene education, including in the camps in schools. The Interim Administration in Afghanistan has also requested UNICEF to support community water resource management.

11. The community- and home-based schools for boys and girls proved to be an effective strategy under the Taliban regime, often providing education of better quality than in the formal schools. Over 130,000 children attended these schools, of which over 40 per cent were girls. There was an emphasis on improved teaching/learning environment and quality of education. In the Northern Alliance area, UNICEF, the World Food Programme (WFP) and the Norwegian-Afghan Committee have supported the quality improvement and girls' enrolment programme since 1999. The programme was heavily constrained by the gender-based discrimination under the Taliban. After September 2001, this changed dramatically with the Back-to-School campaign, benefiting girls in general, and the deliberate attempt to recruit women into decision-making positions.

12. In the area of child protection and promotion, institutionalized support was provided to 35,000 disabled and vulnerable women and children. Training in child rights was carried out for 4,000 partners/community members as a step towards the gradual engagement of authorities in this area. A number of local studies have also been undertaken, e.g. on child soldiers, causes of disability, etc. In the next 18

months, the programme will become more focused. It will explore ways of linking landmine awareness with support for disabilities and work with other partners in this area.

13. The situation of IDPs remains an ongoing issue. UNICEF provides a basic package of non-food items, together with immunization, water supply and sanitation, hygiene education, essential drugs, safe motherhood/reproductive health, education wherever possible, and recreational space for children; and in Herat and Kabul, psychosocial support activities. To cope with the harsh winter in 2001/2002, UNICEF pre-positioned supplies for IDPs. Once conditions improve, more and more people return to their areas of origin.

14. Although there were significant achievements, there also remained significant constraints at the time of the MTR, in particular in the areas of girls' education and the protection of girls and women. While these constraints have eased in the aftermath of September 2001, other constraints have emerged, at least in the short term. It has become more difficult to access large parts of the country due to security concerns and landmines. The new administration also needs significant capacity-building at all levels. These are among the many new challenges of recovery and reconstruction now being addressed by the Interim Administration, working with a number of agencies and NGOs.

15. **Assessment of programme strategies: lessons learned**. The MTR noted that achievements have been possible through working with civil society groups and NGOs, as well as through a positive engagement with the authorities at the time under the principle that children should be considered as "zones of peace". Their rights should be protected and promoted in a sustained manner. It also noted that there has been good inter-agency collaboration with the World Health Organization (WHO) in immunization and the training of health workers, and with WFP for logistics and transport of supplies into as well as inside Afghanistan.

16. It was also learned that UNICEF needs to strengthen its collaboration with communities and local-level officials. In order to reach more children, especially girls, in a cost-effective manner, UNICEF will increase its international staff presence in Afghanistan, as well as recruit more qualified national staff, with the priority given to women. This will provide greater credibility and allow for a more effective dialogue with authorities.

17. In light of the vast needs of children in Afghanistan and the constraints facing programme implementation, the MTR identified some core programme areas for focus in the remaining period of the programme cycle. These are: (a) polio eradication and expanded programme on immunization outreach; (b) community outreach communication strategy on young child care, protection and rights, hygiene and mine awareness, the latter linked to activities for disabled children; (c) girls' education, wherever possible; (d) women's health and safe motherhood in selected provinces and locations; (e) limited provision of safe water supplies and latrines in a number of districts; (f) advocacy in areas of protection of children and women, and constructive engagement with authorities on girls' education, women's employment and gender equity; and (g) support for IDP camps.

18. **Country programme management plan (CPMP)**. The review of the achievements and constraints led to some important staffing implications for UNICEF support to Afghanistan. The scenario has changed dramatically since June

2001, but even at that time, the country office was considering increasing its presence inside Afghanistan, with only a minimum structure in Islamabad as back-up for operations and logistics purposes. The meeting recognized several successful initiatives to reach women and girls as well as the challenge to find more experienced female staff in positions of authority and explore more creative UNICEF employment opportunities for women.

19. The MTR clearly identified the need to strengthen UNICEF capacity for preparedness and contingency planning to better respond to the acute humanitarian needs for the survival and protection of vulnerable children. This included operationalization of winterization plans (based on experience of the previous year) with a subregional approach. The subsequent formulation of such a plan, with the involvement of UNICEF offices in Pakistan, the Central Asian republics and Kazakhstan, and the Islamic Republic of Iran, proved extremely effective following the events of 11 September and facilitated cross-border operations to deliver emergency supplies. UNICEF also designated a Special Representative to coordination UNICEF action on a subregional basis as well as to maintain close collaboration with other United Nations partners.

20. The MTR also noted a number of other staffing and operational issues that needed to be addressed, such as logistics, security, accommodation, slots on flights to Kabul, and internal operational support. These have since been overtaken by events. In December 2001, sectoral strategy papers were prepared as a basis for the United Nations Immediate and Transitional Assistance programme for the Afghan People (2002), and as part of the overall United Nations strategy for humanitarian response, recovery and rehabilitation for the next three years. These strategies, as well as the response to assessed needs, will feed into the preparation of the upcoming country programme recommendation for 2003-2005, which will be presented to the Board for approval in September 2002.

Pakistan

21. The MTR of the Pakistan programme of cooperation for 1999-2003 (E/ICEF/1998/P/L.19/Add.1) was conducted in January 2002. It had to be postponed from the fourth quarter of 2001 because of the Afghanistan emergency and its effects on Pakistan. The MTR followed a highly participatory process at district, provincial and federal levels, including the participation of children. As a result, it was felt that there was a high degree of understanding by partners of what UNICEF was doing in the country and a wide level of ownership and understanding of UNICEF/Government of Pakistan cooperation and ideas for its future direction.

22. **The situation of children and women**. The MTR provided an opportunity to present the situation of women and children, in particular the data gathered from recent surveys. Only 29 per cent of births are officially registered. One third of all babies are born with low birth weight, reflecting the need to improve the nutritional status of women in Pakistan. About 50 per cent of children less than five years old are moderately under weight, and stunting has worsened since 1990, increasing from 50 to 60 per cent in 1998. Two out of every five pregnant women are anaemic. Household consumption of iodized salt still stands at a low 27 per cent despite the fact that 71 per cent of households are aware of its importance. This reflects the

need to work more actively with all stakeholders, including suppliers and distributors.

23. The infant mortality rate showed a positive trend during the 1990s, with a reduction from 106 per 1,000 live births in 1990 to 85 in 2001. However, there were considerable geographical variations, with a high of 142 per 1,000 live births in Balochistan. The rate of fully immunized children throughout Pakistan remained below 50 per cent in the 1990s.

24. There has been a improvement in access to safe drinking water, with the national average standing at 83 per cent. However, greater emphasis needs to be placed on household latrines, access to which remains low at 37 per cent.

25. The net enrolment for girls has been increasing steadily, while that for boys has declined steadily. This has resulted in a zero overall improvement between 1970 and 2000. The net enrolment for boys stands at 50 per cent and for girls at 40 per cent, one of the lowest in the region.

26. **Achievements and constraints**. Despite the significant challenges facing the achievement of the rights of many children in Pakistan, the MTR noted a number of areas where there was significant progress during the first half of the country programme. The polio eradication campaign was spearheaded by 13 rounds of NIDs and supplementary NIDs since 1999. By the end of December 2001, only 104 polio cases had been reported compared to 198 for 2000 and over 3,000 cases in the early 1990s. The country programme's contribution included the provision of polio vaccines, the training of health workers in micro-planning, and implementation and support for social mobilization activities to galvanize parents, communities, implementers and donors. At the same time, routine immunization has failed to keep pace, but there is now increased emphasis on this important area.

27. In nutrition, there has been a successful awareness-raising campaign on the importance of salt iodization, but this has not been matched by results in terms of household usage. The constraints in this area have been mainly in terms of non-availability in rural areas and high cost. As in other countries in South Asia, the vitamin A campaign was piggy-backed on polio NIDs, reaching approximat ly 90-100 per cent of children under five years old.

28. The country programme's focus on girls' education in specific districts has resulted in significant improvement in access to education. Sialkot District has achieved almost 100 per cent enrolment in primary schools as a result of successful advocacy, social mobilization and the involvement of the private sector. In four pilot districts of Balochistan, 22,000 girls out of 57,000 have enrolled in school through the use of gender-responsive strategies. This pilot has employed an innovative approach of bringing teachers closer to the community, a mobile teacher-training programme and a teacher mentoring programme. Although much needs to be done in primary education, the programme has developed some successful pilots on which to build and advocate. The challenge is to take them to even greater scale, which will involve resolving long-standing cultural and social attitudes.

29. With significant success in access to safe drinking water, the country programme has focused on water quality issues and sanitation. Improved school sanitation has been linked to hygiene education, and Boy Scouts and Girl Guides have been used to impart hygiene messages and promote latrine construction in

communities. The capacity of the Government in water quality testing has also been supported.

30. The advocacy and programme communication programme has been very active in a range of awareness-building and social mobilization activities, including those on child rights. For example, in Balochistan Province, 20,000 Boy Scouts have been mobilized to promote girls' right to education. In Sialkot District, the private sector and communities have been mobilized to protect some 7,000 children from hazardous child labour. More than 50,000 adolescent girls in rural areas and urban slums throughout Pakistan have received information and skills to act as role models and agents of change.

31. The achievements seen over the first half of the country programme cycle have been possible only through extensive partnerships. In polio and routine immunization, an inter-agency coordination committee was established, bringing together partners at federal and provincial levels and including UNICEF, WHO and Rotary International. Collaboration with WHO in supporting surveillance and implementation of NIDs has been instrumental in extending outreach. WHO has also supported the training of laboratory workers in cholera and polio surveillance and laboratory practices. Joint planning and closer collaboration with WHO has taken place to avoid duplication. Save the Children Federation (United States) has collaborated with UNICEF in social mobilization strategies for maternal neonatal tetanus for high-risk areas.

32. The partnership with Columbia University (United States) has been instrumental in addressing maternal deaths and diseases in three districts in Sindh province. The project on lady health workers has been implemented in close collaboration with the Government of the United Kingdom. UNICEF has collaborated closely with the World Bank in the development of the national nutrition strategy. The Government of Canada has been the main external partner for the vitamin A supplementation project. Under the micronutrient initiative, there has been fortification of wheat with iron and of ghee (clarified butter) and cooking oil with vitamin A. Many other external partners have been instrumental in achieving results: the International Labour Organization in the Sialkot education and child labour project; and the Governments of the United Kingdom and Australia in supporting education initiatives. UNICEF has also coordinated drought relief activities in Balochistan and Sindh provinces with the United Nations Development Programme, the Food and Agriculture Organization of the United Nations, WHO and WFP. Within the United Nations Development Group, collaboration is being undertaken for a common United Nations database.

33. **Assessment of programme strategies: lessons learned**. The MTR noted with appreciation several achievements from the projects implemented in the first half of the country programme, that have been possible as a result of partnerships with external partners, NGOs and the Government. Each programme in its own way has provided some valuable lessons. A key lesson learned was that political commitment of the Government makes rapid progress possible on child rights issues. In addition, another significant lesson was that investment in development and girls' education helps to change the attitudes of communities and families about the value of girls and women. In this context, it was also found that the involvement of boys and men makes a significant difference in promoting and protecting the rights of girls and women. During the country programme, efforts were made for the effective

involvement of the private sector. A key lesson in this regard was that private sector involvement can dramatically increase the scale and effectiveness of interventions. It was also found that special strategies and disaggregated data are essential in order to focus on and reach out to vulnerable and disadvantaged groups. Another important finding was that adolescent girls and boys have a lot to contribute to their own and to their communities' development. In the remaining two years, the programme will explore ways and means of influencing other partners for scaling up key initiatives. Efforts will be supported through increased monitoring and evaluation.

34. Pakistan has embarked on the road to the devolution of authority and responsibility to district and subdistrict levels. The process offers major opportunities for reaching children directly within families through more demand-responsive and accountable approaches. There are a number of opportunities to institutionalize actions for children through piloting, data-gathering, analysis, information-sharing, advocacy at all levels and building relevant capacities. The MTR noted that decentralization as a key strategy should be explored in the remaining years of this country programme to provide the basis on which to build the next programme. In this context, it was noted that the activities in the focus district programme should be reoriented towards these ends.

35. The MTR also noted the need to explore what works and what needs to be done in the areas of nutrition, early child development and child protection. It called for building on what the country programme had learned during this country programme cycle. Data-gathering, policy analysis and sharing information with partners were identified as other areas needing enhanced attention, recognizing the significant successes the programme has already had in these areas.

36. **CPMP**. No major changes were proposed to the CPMP. It was proposed to strengthen programme and operational areas in support of devolution. With increased decentralization of responsibility and decision-making, it was noted that there is a need to gradually upgrade and strengthen managerial presence and technical competencies at the subnational level. Sectorally, the child protection section was identified for particular strengthening in the next country programme.

Major country programme evaluations

Dinajpur Safe Motherhood Initiative (DSI) for reducing maternal mortality (Bangladesh)

37. UNICEF, in collaboration with CARE and the Government of Bangladesh, has implemented the three-year (1999-2001) operations research initiative, DSI, a community mobilization initiative for addressing the three delays – failure to make informed decisions at the family and community level, getting pregnant women to a health facility/ referral centre in time, lack of technical support at the referral centre — for reducing maternal mortality. The purpose of the initiative is to examine the effectiveness of defined community mobilization interventions and approaches to improve the quality of basic emergency obstetric care provided at the Upazila Health Complex. The additional objective is to increase the access of women to quality care, particularly those with obstetric complications, who are subjected to violence.

38. DSI aims to help reduce maternal mortality and morbidity through identifying and removing barriers that lie between women and emergency obstetric care service facilities. The specific objectives are to: (a) increase the utilization of obstetric care services in the facilities within the intervention subdistrict from 16 to 50 per cent; and (b) ensure quality services for all women subjected to violence and who seek services at the Upazila Health Complex.

39. The evaluation indicated that the percentage of women with obstetric complications using emergency obstetric care facilities had increased dramatically from 16 to 40 per cent. The percentage of births taking place in facilities increased over the life of DSI in the intervention area.

40. The comparison of emergency obstetric care utilization rates during DSI in the study areas suggests that while upgrading facilities increases utilization rates, combining upgrading with community mobilization increases it even more. The DSI interventions act synergistically as a community mobilization package. Community support systems can be effective. The evaluation made specific recommendations to build on the findings for greater effectiveness; for example, it found that the addition of community mobilization interventions makes the initiative more cost-effective than solely upgrading services.

Evaluation of the Government of Pakistan/UNICEF advocacy and social mobilization strategy

41. This evaluation was selected because it cuts across all programme areas to reply to a number of questions such as What is the country programme's overall advocacy and social mobilization strategy in practice? How have the strategy and initiatives undertaken under it contributed to the objectives of the master plan of operations? and How can the advocacy activities be improved?

42. The evaluation set out to assess advocacy and social mobilization in the country programme and further focused on three key initiatives: polio eradication and vitamin A supplementation; universal primary education; and empowerment of the girl child.

43. By its very nature, this was a complex evaluation affected in particular by the difficulties of attribution and inadequate monitoring data, which made it challenging to determine the extent to which advocacy and social mobilization have contributed to the achievement of the programme objectives. However, the different methodologies used included a desk review of documents, open-ended dialogue with a internal UNICEF reference group, written survey of selected Government of Pakistan partners, written survey of UNICEF programme staff, semi-structured interviews and focus group discussions with staff of UNICEF and government counterparts, in-depth review of selected stakeholders comprised mainly of households and a household survey in Sialkot district for combating child labour through education project. The multiple methodologies allowed the evaluators to conclude that advocacy and social mobilization played a major role in achieving the country programme objectives.

44. The evaluation found that in cases where the rights-based approach to advocacy was used in programming, there were strong positive outcomes. The girl child project is a highly successful example of that approach. The evaluation

recommended that the Government of Pakistan and UNICEF give increased priority to the rights-based approach.

45. The evaluation also found that when beneficiaries participate in the advocacy strategies, there is enhanced effectiveness, but more needs to be done to increase their participation. In each of the programmes evaluated, as examples of advocacy and communication strategy implementation, specific findings were noted. The NID campaigns had the basic ingredients for successful communication. The girl child project was a good example of a successful rights-based approach. The universal primary education project in Sialkot showed the power of communication to rapidly increase enrolment. However, given the difficulties with data, the evaluation pointed to the need for greater attention to ongoing monitoring and evaluation in relation to advocacy and social mobilization.